

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

954858  
I.D. TAG NO.OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-2021-018692

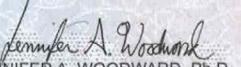
STATE FILE NUMBER

Legal Name	First Thomas	Middle Jerold	Last Wheatley	Suffix	Death Date June 11, 2021
Sex Male	Age 81 years	Social Security Number 575-38-6082		County of Death Clackamas	
Birthdate January 23, 1940	Birthplace San Diego, California	Was Decedent Ever in U.S. Armed Forces? Yes			
Residence: 12154 SE 114th Court			City/Town Happy Valley		
Residence County Clackamas	State or Foreign Country Oregon		Zip Code + 4 97086	Inside City Limits? Yes	
Marital Status at Time of Death Widowed	Spouse's Name Prior to First Marriage Isabel Jean Woods				
Father's Name Bacil Wheatley	Mother's Name Prior to First Marriage Opal Turner				
Informant's Name Thomas Wheatley	Telephone Number Not Available	Relationship to Decedent Son	Mailing Address 17816 SE 24th Street, Vancouver, WA 98683		
Place of Death Other - Dialysis facility	Facility Name				
Location of Death 6902 SE Lake Road 100	City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97267	
Method of Disposition Cremation	Place of Disposition Evergreen Washelli Crematory		Location (City/Town and State) Seattle, Washington		
Name and Complete Address of Funeral Facility Lincoln Memorial Park And Funeral Home		11801 SE Mt Scott Boulevard, Portland, Oregon 97086			
Date of Disposition TBD	Funeral Director's Signature ► Bailey Engen		Electronically Signed	OR License Number FS-0701	
Registrar's Signature ► Jennifer A. Woodward			Date Received June 24, 2021	Local File Number	
Amendment					
Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?			Time of Death 05:26 PM
CAUSE OF DEATH					Approximate Interval: Onset to Death
IMMEDIATE CAUSE a. Kidney failure					3 years
Due to (or as a consequence of) b. Atherosclerosis					many years
Due to (or as a consequence of) c. Diabetes					many years
Due to (or as a consequence of) d.					
Other significant conditions contributing to death Liver cancer, Heart failure, Coronary disease					
Manner of Death Natural	If Female	Not Applicable		Did tobacco use contribute to death? No	
Date of Injury	Time of Injury	Place of Injury		Injury at Work?	
Location of Injury					
Describe how injury occurred			If transportation injury, specify.		
Name and Address of Certifier Richard Anthony Varan					9800 SE Sunnyside Road, Clackamas, Oregon 97015
Name and Title of Attending Physician if Other than Certifier					Date Signed June 24, 2021
Medical Certifier Richard Anthony Varan	Electronically Signed	Title of Certifier M.D.		License Number MD25583	
Amendment					

45-2CC (01/06)

\*20210634746\*

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

  
 JENNIFER A. WOODWARD, Ph.D.  
 STATE REGISTRAR

DATE ISSUED:

June 29, 2021

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

